

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

097869638

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/		/									
2		/		/			51					
3		/		/			52					
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46							95					
47							96					
48							97					
49							98					
50							99					
TOTAL IND.	1		1				100					
TOTAL DEP.	14		14				TOTAL IND.					
TOTAL CLAIMS	15		15				TOTAL DEP.					
							TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY